

MDR Tracking Number: M2-03-1388-01
IRO Certificate# 5259

August 15, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

All available records were thoroughly reviewed. On ____ this patient was in a MVA while at work. Apparently, he saw ____ initially but no notes were included. The patient then saw ____ who is a neurosurgeon. A cervical spine MRI was done on 6/1/01 and showed mild degenerative changes but no herniation was noted. Apparently he was treated with Bextra, Lortab, and Soma. The next note is from ____ on 9/12/02, which documents an abnormal physical exam, and he recommended another MRI of the C-spine and bilateral shoulder and electrophysiologic studies of the hands for presumed bilateral Carpal Tunnel Syndrome. The patient's next follow-up with ____ was 4/7/03 and the above tests were not completed because they were not approved. A repeat MRI of the cervical spine on 5/5/03 revealed degenerative disc disease with C5-6 left bulging disc effacing the thecal sac and C6-7 left bulging disc narrowing the left foramen. The last medical records from ____ on 5/8/03 recommends bilateral shoulder MRI scans, a cervical myelogram, and possible electrodiagnostic studies. He states this patient will need a cervical fusion.

REQUESTED SERVICE (S)

Bilateral shoulder MRI scans.

DECISION

Uphold previous denial.

RATIONALE/BASIS FOR DECISION

This patient's sustained work related injuries in a MVA on _____. The medical records available reveal he had significant cervical disc pathology on a repeat MRI scan,

in addition to, an abnormal cervical exam on 9/12/02 that reproduced the patient's upper extremity symptoms. There is no documentation for further treatment of his shoulder pain such as physical therapy, oral or intraarticular steroids, electrodiagnostic testing, etc. The medical records do not reflect the necessity for bilateral MRI scans of the shoulders as his symptoms are correlated with an abnormal cervical MRI and physical exam. Also, there are no records of any electrodiagnostic studies of the upper extremities or discogram/epidural steroid injections if further delineation of this patient's pathology was needed. Therefore, the prior denial of the disputed services is upheld.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of August 2003.